

Michael W. Crippen
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Law Offices of
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TASK ID# 2858
cc: Lynn
*Also admitted in:
Washington D.C.

0002

January 23, 2009

Re: Estate of Jack C. Grover


To Whom it May Concern:

On November 6, 2008, Jack C. Grover passed away. I am administering Mr. Grover's estate pursuant to the terms of the Jack C. Grover Trust, and the pourover will that was executed concurrently therewith.

On behalf of the estate of Jack C. Grover, Kathryn Lichfield is hereby authorized and granted permission to act on behalf of all mines, mining claims, companies or other business ventures whatsoever in which Jack C. Grover or any of his related companies had an interest. Ms. Lichfield is hereby granted full power and authority to act on behalf of the estate with respect to all of said mines, mining claims, companies and/or other business interest. Any liabilities of the estate with respect to Ms. Lichfield activities on behalf of the estate shall remain liabilities of the estate.

Thank you for your attention to the foregoing. Should you have any questions, please do not hesitate to call.

Very Truly Yours,



Russell A. Cline

RAC/slr

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DIV. OF OIL, GAS & MINING

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2008012598

Jack Cederlund Grover

DECEDENT INFORMATION

Date of Death:	November 6, 2008	Time of Death:	21:12
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	84	Date of Birth:	May 13, 1924
Place of Birth:	Logan, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Sales
Industry/Business:	Business	Education:	Some College but No Degree
Residence:	Salt Lake City, Utah	Father's Name:	Lloyd Freeman Grover
Mother's Name:	Evelyn Cederlund	Facility Type:	Hospital Inpatient
Facility or Address:	Veteran's Affairs Medical Center		

INFORMANT INFORMATION

Name:	Ed Grover	Relationship:	Nephew
Mailing Address:	1571 Bainbridge Road, Sandy, Utah 84092		

DISPOSITION INFORMATION

Method of Disposition:	Burial	Date of Disposition:	November 15, 2008
Place of Disposition:	Logan City Cemetery, Logan, Utah		

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Mortuary
Address:	260 East South Temple, Salt Lake City, Utah 84111
Funeral Director:	Keith D Johnston

MEDICAL CERTIFICATION

Certifying Physician: Chris Maxwell M D, 500 Foothill Drive, Salt Lake City, Utah 84148

CAUSE OF DEATH

Cardiac arrest
Supraventricular tachycardia [Onset: 1 Month]
Metastatic colon cancer (adenocarcinoma) [Onset: 2 Months]
Tobacco Use: Unknown
Medical Examiner Contacted: No Autopsy Performed: Yes Autopsy Available: No Manner of Death: Natural

November 10, 2008

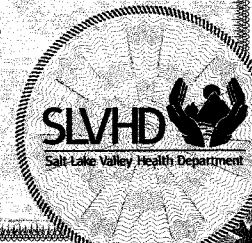
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Barry E Nangle
Barry E. Nangle, State Registrar
Office of Vital Statistics



Gary L. Edwards
Gary L. Edwards
Director/Health Officer
County/District Health Department



Form MR-SMO

* (Revised March 13, 2007)

This Section for DOGM Use:

Assigned DOGM File No.: S

DOGM Lead: _____

Permit Fee \$ _____ Ck # _____

**STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING**

1594 West North Temple Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program.

"Small Mining Operations" mining operations which have a disturbed area of five or less surface acres at any time.

I. GENERAL INFORMATION (Rule R647-3-104)

1. Name of Mine: CLAIM 35K
2. Legal name of entity (or individual) for whom the permit is being requested: A G Hold, Associates, c/o Kathryn Lichfield
Mailing Address: 1370 E. Princeton Avenue
City, State, Zip: Salt Lake City, UT 84105
Phone: 801 582-4208 Fax: 801 582-2605
E-mail Address: skyfish@xmission.com

Type of Business: Corporation () LLC () Sole Proprietorship (dba) (x)
Partnership () General _____ or _____ limited
Or:
Individual ()

Entity must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) www.commerce.utah.gov.

Are you currently registered to do business in the State of Utah? ☒ Yes ☐ No

Entity # 2278450-0151

If no, contact www.commerce.utah.gov to renew or apply.

Local Business License # _____ (if required)

Issued by: County _____ or City _____

3. Contact Person(s)

Name: Christopher A. Jones Title: Attorney
Address: 175 E. 400 S., Suite 900
City, State, Zip: Salt Lake City, Utah 84111
Phone: 801 524-1000 Fax: 801 524-1098
Emergency, Weekend, or Holiday Phone: 801 452-1967
E-mail Address: caj@princeyeates.com

Contact person to be notified for: permitting (x) surety (x) Notices (x) (please check all that apply)

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